PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10791 824

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	NTITY	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			24					RATE	FEE	٦	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	ÖR	BASIC FEE	
TO	OTAL CHARGE	ABLE CLAIMS	३५ minus 20=		* l.i			X\$ 9=	20	OR	X\$18=	
INI	DEPENDENT C	LAIMS ·	V, m	inus 3 ≐	*			X43=	98 43	1	\ <u>\</u>	
м	JLTIPLE DEPE	NDENT CLAIM F	<u> </u>					A43=	4 5	OR	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
* 1	the difference	o in column 1 is	loss than 7	050 05404	#O" :			+145=		OR	. +290=	<u> </u>
1		•	less than zero, enter "0" in column 2				TOTAL	18 K	OR	TOTAL		
	C	(Column 1)	AMENDE	(Colun	nn 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus			=		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF M	JLTIPLE DEF	PENDENT	CLAIM			+145=	-	1	+290=	
							L	TOTAL		OR	TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	A	DDIT. FEE		OR ,	ADDIT. FEE	
m		CLAIMS REMAINING		HIGHE	ST		Г	1	ADDI-	1 f	·	ADDI-
AMENDMENT B		AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	· · ·
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		┟			ĺÌ		
								+145=		OR	+290=	
										OR ,	TOTAL ODIT. FEE	
	•	(Column 1) CLAIMS		(Colum		(Column 3)		· · · · · · · · · · · · · · · · · · ·			· .	
MEN	•	REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus .	**		÷		X\$ 9=		OR	X\$18=	1
	Independent		Minus	***		=	H	X43=		t	X86=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+		OR	700-	
+ 14	the entry in colum		+145=		OR	+290=						
** If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE	
T	he *Highest Num	ber Previously Paid	For" (Total or	Independen	t) is the h	o, enter 3. nighest number	found	in the appro	opriate box			.]